

SUMMER CAMP 2016 REGISTRATION FORM

MIDDLE GRADES DAY CAMP AT LANIER

RIISING 5TH - 7TH GRADERS (TIME: 8:45AM- 3:15PM)

Please refer to "Leisure Times" for full summer camp details. Please print clearly!

CAMPER'S NAME	Date of Birth	Gender
		M F
Address	Grade in Fall 2016	City of Fairfax Resident?
		Yes No

GUARDIAN NAME	Email	Home Phone
Address	Cell Phone	Business Phone

2nd GUARDIAN NAME	Email	Home Phone
Address	Cell Phone	Business Phone



FULL SUMMER (6/29-8/19, no class 7/4)	Session A (6/29-7/1)	Session B (7/5-7/15 no camp 7/4)	Session C (7/18-7/29)	Session D (8/1-8/12)
___\$925	___\$99	___\$295	___\$325	___\$325

EXTENDED DAY PROGRAM

	Full Summer *at registration*	Week 1 6/29-7/1	Week 2 7/5-7/8	Week 3 7/11-7/15	Week 4 7/18-7/22	Week 5 7/25-7/29	Week 6 8/1-8/5	Week 7 8/8-8/12	Week 8 8/15-8/19
AM Only (7am – 8:45am)	___\$433	___\$39	___\$52	___\$65	___\$65	___\$65	___\$65	___\$65	___\$65
PM Only (3:15m – 6pm)	___\$533	___\$48	___\$64	___\$80	___\$80	___\$80	___\$80	___\$80	___\$80
BOTH AM & PM	___\$899	___\$81	___\$108	___\$135	___\$135	___\$135	___\$135	___\$135	___\$135

Image Release: I hereby grant permission to the City of Fairfax to utilize any photograph, videotape, recording or other record of my child's participation in the program for legitimate purpose. **Please check:** ___ yes ___ no

Assumption of Risk: I certify that I am older than age 18 and/or the legal guardian of the participant. Due to strenuous nature of some activities, the Parks and Recreation Department encourages each participant to consult his or her physician concerning fitness to participate in the program. The participant or parent/guardian consents to emergency treatment. Also, student and parent understand and expressly assume all risk of all bodily injuries and property damages which might arise from my participation in all City of Fairfax activities in the Parks and Recreation department.

I agree to all the policies and procedures as indicated in the Leisure Times and Parent Handbook including Refund Policy

Signed: _____ **Printed:** _____ **Dated:** _____

<u>PAYMENT INFORMATION</u>	
Pay in Full Payment Plan	Check Cash Credit
<u>Late Fee:</u> For those who chose payment plan there will be a 5 business day grace period then a \$25 late fee will be incurred every five working days thereafter.	
<u>CREDIT CARD INFORMATION</u> *required for all payment plans*	
Name as it appears on card: _____ Card type: ___ Visa ___ Mastercard ___ AmEx ___ Discover	
Credit Card Number: _____ Expiration Date: ____/____ Security Code: _____	
Signature _____	

All Emergency Contact/Health History Forms must be completed and handed in before June 20th 2016.
Forms can be found on www.fairfaxva.gov/parksrec.